Effective January 1, 2003 10613737													
CLAIMS AS FILED - PART! SMALL ENTITY (Column 1) (Column 2) TYPE											OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			8				Г	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		84	SIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			8 minus 20=		•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS) minus 3 =					X42=		OR	X84=		
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				T,	+140=		CR	+280=		
+ If	the difference	in column 1 is	less than ze	zero, enter "0" in column 2			Ļ	OTAL		OR	TOTAL	750	
1/36/03 CLAIMS AS AMENDED - PART II								O IAL		J	OTHER		
(Column 1) (Column 2) (Column 3)								MALL	ENTITY	OR	SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	- 10	Minus	· ĉ	}~ ∂	,	,	(\$ 9 •		OR	X\$18=	B	
AME	Independent	NTATION OF M	Minus	ENDENT	} .c. Alla			(42=		OR	X84≈	Ø	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							140=		OR	+280=		
	10-12-					TOTAL		OR	TOTAL ADDIT, FEE	74			
	10 10	(Column 1)		(Colur	nn 2)	(Column 3)	ADI	OT. FEE			ADDII. FEET		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGH NUM PREVIC PAID I		BER	er present USLY extra		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 7	Minus	** J	6	• /	>	(\$ 9=	1	OR	X\$18=	/	
	Independent	* /	Minus	ENDENT		- 		(42 =		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+280=		
								TOTAL ST. FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER XUSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	20		•		\$ 9=		OR	X\$18=		
	Independent	*	Minus	444		•		(42=			X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		 -			OR			
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3.													
	f the "Highest Nu	mber Previously Pr mber Previously Pr mber Previously Pr	ald For IN THE	S SPACE I	s less tha	n 20, enter "20.	ADD	TOTAL NT. FEE		OR	TOTAL ADDIT. FEE		
		nber Previously Pal					r tound	ju gyo stil	propriate box	in col	lumn 1.		

Application or Docket Number